



6751 Columbia Gateway Drive, Box 220  
Columbia, MD 21046  
410-313-6420

**APPLICATION FOR SOLICITOR / PEDDLER'S IDENTIFICATION CARD**

Applicant is a ☐ Solicitor ☐ Peddler

Applicant's Name \_\_\_\_\_

Local Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Description:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Hair Color \_\_\_\_\_

Ethnic Origin (Circle one): Caucasian African American Native American Asian Latino

Other (specify) \_\_\_\_\_

**Employer/Organization** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

If Corporation Resident Agent's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Other names under which the firm trades or operates (List address if different the one listed above.

\_\_\_\_\_

**Vehicle used in soliciting/peddling** Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Vehicle Tag Number and State \_\_\_\_\_

**Driver's License Number** (attach copy of license) \_\_\_\_\_

**Description of Product/Services Being Sold** \_\_\_\_\_

**Location(s) of Soliciting/Peddling** \_\_\_\_\_

**Date(s) of Soliciting/Peddling** \_\_\_\_\_

**Do you have any State mandated license, registration or permit?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, please attach a copy of the required license.** Examples: health department license, home improvement license, work permit for individuals under 18, etc.

**Have you ever had a license, registration or permit revoked, denied, or suspended in Howard County or any other jurisdiction?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain the circumstances: \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe the nature of the offense, when/where convicted, and the punishment imposed.

**REGISTRATION/ID FEE OF \$100 IS NON-REFUNDABLE**

**PAYMENT OPTIONS**

☐ **CASH**

☐ **CREDIT/DEBIT CARD**

☐ **CHECK- MADE PAYABLE TO: DIRECTOR OF FINANCE -HOWARD COUNTY**

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**I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THIS SOLICITOR/PEDDLER'S ID IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you need this document in an alternate format, please call 410-313-6420 (voice/relay)  
or e-mail [consumer@howardcountymd.gov](mailto:consumer@howardcountymd.gov)**